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A RADIO DISCUSSION OF

DEFENSE AND AMERICA'S HEALTH

ARTHUR BACHMEYER
LEONARD ROWNTREE
LOUIS WIRTH

377th BROADCAST IN COOPERATION WITH THE NATIONAL BROADCASTING COMPANY · 165

MAY 11, 1941

The University of Chicago

ROUND TABLE

Published weekly. 10 cents a copy; five copies, 25 cents; half-year subscription, 26 issues, one dollar. Published by the University of Chicago, Chicago, Illinois. Entered as second-class matter January 3, 1939, at the post office at Chicago, Illinois, under the Act of March 3, 1879.

No. 165

NOTE

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DEFENSE AND AMERICA'S HEALTH

A UNIVERSITY OF CHICAGO ROUND TABLE BROADCAST*

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ARTHUR BACHMEYER, Associate Dean of the Biological Sciences; Director of the University Clinics, University of Chicago

COL. LEONARD ROWNTREE, Chief, Medical Division, National Selective Service Headquarters

LOUIS WIRTH, Professor of Sociology, University of Chicago

* A radio discussion broadcast from the University of Chicago, over the Red Network of the National Broadcasting Company, Sunday, May 11, 1941, at 1:30 P.M., Central Daylight Saving Time.

The ROUND TABLE, oldest educational program continuously on the air, is broadcast entirely without a script. Subjects are chosen because of their social, political, or economic significance. The program has no "ax to grind." In the selection of speakers, the effort is to provide a balanced discussion by participants who have special competence and knowledge. The opinion of each speaker is his own and in no way involves the responsibility of either the University of Chicago or the National Broadcasting Company.

DEFENSE AND AMERICA'S HEALTH

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MR. WIRTH: All over the world the drums of war are beating. Rowntree, you have felt the pulse of the nation. How does it beat?

DR. ROWNTREE: In selecting men for military training we are having a great many rejections; more, perhaps, than we ought to have. We are rejecting between 40 and 45 per cent of the men coming up for physical examination, between the local board examiners and the induction board examiners.[1] That is a rather high percentage.

MR. WIRTH: Isn't it a disgrace to America that 40 per cent of its young men aren't fit for army service?

DR. BACKMEYER: Well, they are fit for general work in civil life, but the rigors of army service require normal health, which they evidently do not have.

MR. WIRTH: You, as a doctor, do not take the responsibility for that, do you?

DR. BACHMEYER: No. We do not take the responsibility for it. The American public has not taken advantage of all the facilities available for maintaining good health.

MR. WIRTH: Is it everyone's responsibility? Is it the army's, the civilians', or the government's responsibility?

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[1] *About 13 per cent of the men passed by local board examiners have been rejected by induction board physicians.*

DR. ROWNTREE: We all ought to participate.

MR. WIRTH: In examining these men you have found many who aren't fit for service. On what grounds do you reject them?

DR. ROWNTREE: We are rejecting them because they are not competent for army work. The major problem is in the field of dentistry. Forty per cent of those whom we have rejected to date have had bad teeth.

DR. BACHMEYER: How many teeth does a man have to have to fight in our army?

MR. WIRTH: Do people fight with their teeth?

DR. ROWNTREE: No. They need teeth for chewing. They need twelve good teeth—two pair of three that will come in apposition. I may say that our standards have been too high in this respect, and there is liberalization going on at the present time.

DR. BACHMEYER: What else besides teeth is causing rejections?

DR. ROWNTREE: The eyes have been pretty bad.

DR. BACHMEYER: They have glasses out on the field.

DR. ROWNTREE: Yes—but now they are taking those who have correctable vision to about 40/100ths.

DR. BACHMEYER: And the heart?

DR. ROWNTREE: The heart and circulation have accounted for about 16 per cent of the rejections.

MR. WIRTH: How about venereal diseases?

DR. ROWNTREE: Venereal disease is particularly acute in the South, although it isn't so severe in the northern districts. But it is entirely too high.

MR. WIRTH: A lot of these people who aren't fit for active, combatant military service must be fit for something else, aren't they?

DR. ROWNTREE: Yes. They drop into what we call a I-B

group. They were accepted in the last war but are not accepted now. We do not need them; the need is not urgent enough. About 12 per cent are dropping into I-B, which is a reserve from which we can call men later if we need them.[2]

MR. WIRTH: There are still higher standards for air pilots, I understand.

DR. ROWNTREE: Air pilots must be superb. Whereas the soldier must be fit, the air pilot must be superb. Every mother and father who has a boy going into the army should feel proud, but those whose boys are going into the air service should feel exceedingly proud.

MR. WIRTH: I understand that we need about 30,000 pilots to fly the planes that are coming off the assembly lines.

DR. BACKMEYER: We need about three pilots for every plane in the air, I believe.

MR. WIRTH: Where are we going to get them?

DR. BACHMEYER: They have to volunteer.

MR. WIRTH: In other words, there is a real need here, and the state of the nation's health makes it necessary that every person who is fit should volunteer for that service.

DR. BACHMEYER: If people would come to their doctors and to the clinics for general check-ups, rather than wait until illness has come upon them, maybe we would develop a better physique in this nation.

MR. WIRTH: How many people have you examined so far for Selective Service training?

DR. ROWNTREE: We have probably examined between 600,000 and 700,000 to date, and of those the army has probably accepted in the neighborhood of 400,000.

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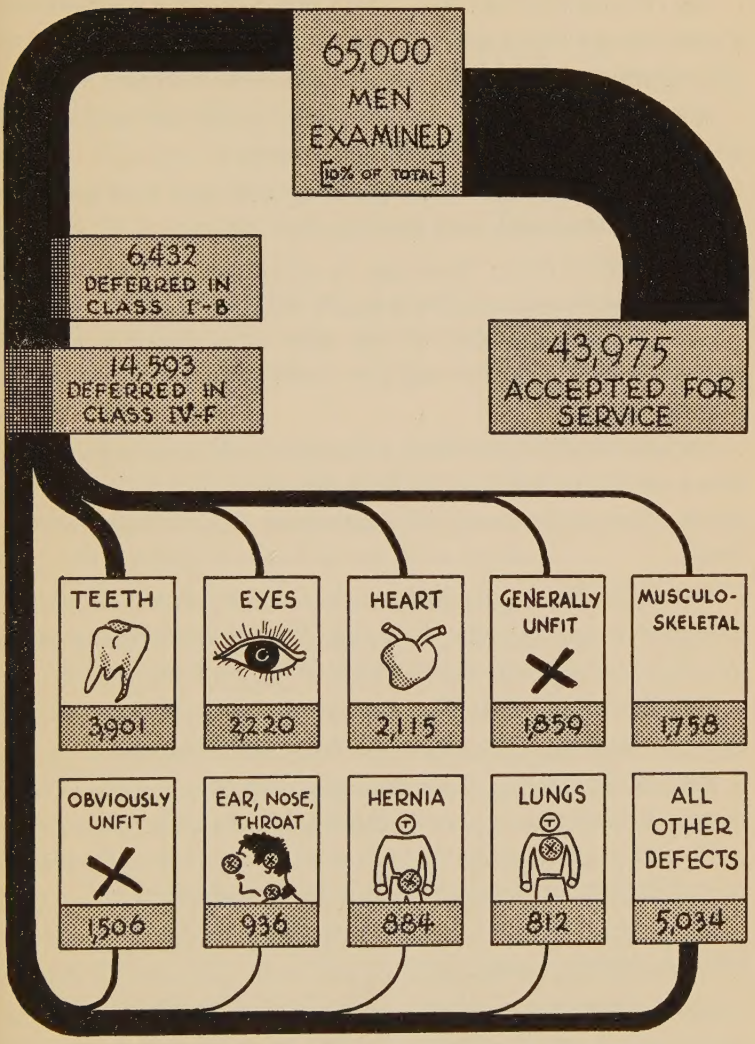
[2] *The illustration on page 5, covering the latest available data, pictures the principal causes of rejection in a 10 per cent sample of 650,000 men examined.*

THE HEALTH OF DRAFTED MEN

A CROSS-SECTION



SOURCE: SELECTIVE SERVICE HEADQUARTERS

MR. WIRTH: That is more men than you see in the University of Chicago Clinics, isn't it, Bachmeyer?

DR. BACHMEYER: Yes. Those men are being examined, of course, because they are being taken into the army now for general military service. We only see them in the Clinics when they are sick.

MR. WIRTH: In other words, a lot of people can lead normal and useful lives and still be unfit for the army?

DR. BACHMEYER: They get along with their civil activities even though they may have some physical defects.

DR. ROWNTREE: These may be minor defects. They are important, nevertheless, and those people should be going to the hospitals. As a matter of fact, if they came to the hospitals and we took care of the situation early, we could avoid major and minor diseases.

DR. BACHMEYER: There is much we could do to improve the health of the country, but we can't impose those things upon the people. They must come, voluntarily, and seek to improve their health.

MR. WIRTH: I am afraid you doctors are just a little bit too good-natured and lethargic about this. If there is this serious problem, it is your primary responsibility. Why don't you meet it?

DR. BACHMEYER: The medical profession stands ready to meet this problem if the people will merely ask for help.

DR. ROWNTREE: More than the medical profession is concerned. I think what we can do is really to hold a mirror before the public and let them see for themselves what the health of the nation is, and let them determine what is to be done about it.

DR. BACHMEYER: We have a chance to do this now with the Selective Service system.

DR. ROWNTREE: Right now Selective Service is holding the mirror, and it can give the facts and indicate the need. On this should be built a new public health for the nation.

MR. WIRTH: I think it is a rather shocking thing that we should have to have an almost-war situation in order to discover how America's health stands.

DR. ROWNTREE: That is very commonly true. It takes a crisis to bring out the best in people, and we are now recognizing our faults and trying to correct them.

MR. WIRTH: It seems to me that you two doctors, if you are samples of the medical profession, ought to go to the rest of them and tell them *now* that they haven't been meeting their total responsibility.

DR. ROWNTREE: We are going to present some plans in which we will participate. We hope the rest of the country and all the social agencies in the country will join us in a program for better public health.

MR. WIRTH: Tell me how this 1941 army we are getting compares with the 1918 army. Do we know anything about it?

DR. ROWNTREE: As far as the armies are concerned, I think they will probably compare favorably in health.

DR. BACHMEYER: Are we requiring higher standards?

DR. ROWNTREE: In some ways. I will say this: As we study the people of the country, we find we have certainly not improved in public health during the last twenty years.

DR. BACHMEYER: The *Public Health Reports* show that the health of the nation has improved. Our epidemic diseases have grown fewer. The mortality rates have come down in a number of instances.

MR. WIRTH: But 40 per cent of the young men—presumably the most able-bodied people in the country—are rejected for army service! Doesn't that show that something is wrong somewhere?

DR. ROWNTREE: It does. It indicates that we must do a better job from the standpoint of improving the health of the people.

MR. WIRTH: You have been around some of the local boards,

Rowntree, and seen these men being examined. Are they softer than they used to be?

DR. ROWNTREE: Yes, I think they are decidedly softer.[3] An examiner in one of the larger cities told me he thought the automobile was responsible. He said he thought it had removed most of the muscle and a good many of the guts of the people of this nation.

DR. BACHMEYER: Too much watching of athletic events rather than participating?

DR. ROWNTREE: People ought to be more active; they ought to walk more and take more exercise.

MR. WIRTH: How does it show up in the examinations—concretely, now?

DR. ROWNTREE: One examiner put it this way: In the old days he used to make men jump twenty to a hundred times; now they get tired out when they get to ten or fifteen, and have to stop. An orthopedist said he made them squat. They used to squat ten times. He says he has to help many of the boys back to their feet after the first or second squat.

DR. BACHMEYER: Do you suppose the depression brought this on?

DR. ROWNTREE: I believe the depression has had a great deal to do with it. Lack of funds has meant that the people have not consulted their doctors and dentists. I think there has been a great element of anxiety. I think anxiety and uncertainty

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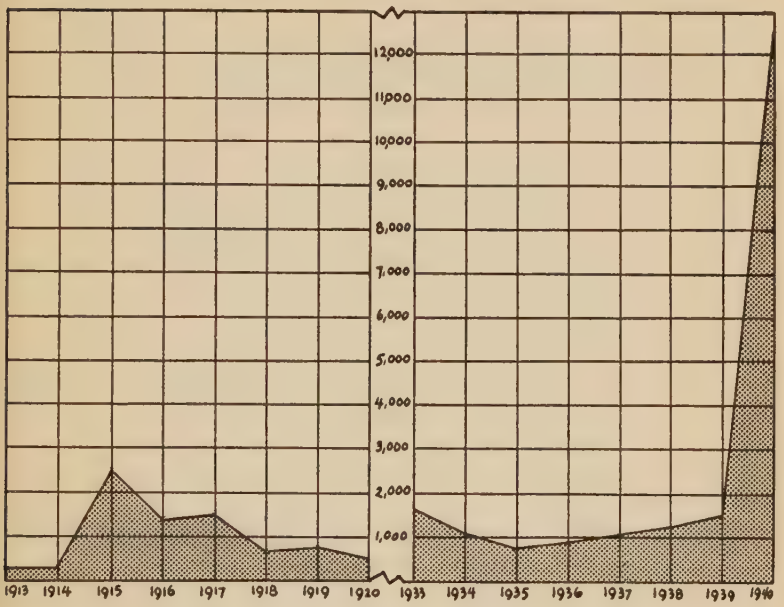
[3] *In the period from December, 1917, to September, 1918, more than 3,000,000 men were examined for military service. More than 70 per cent were qualified for general military service, rejections falling into the following categories: remediable disqualifications, 2.76 per cent; qualified for limited military service, 10.58 per cent; disqualified for any military service, 16.25 per cent. Rejections by army induction boards totaled 8.1 per cent, compared with the present estimate of 13 per cent (10 per cent for physical reasons).*

WAR AND DISEASE

Number of Cases of Spinal Meningitis Reported in England and Wales, 1913–20 and 1933–40



War is accompanied by rising curves in the records of nearly all types of disease. Cerebrospinal fever—spinal meningitis—is a typical example.

have contributed materially to ill-health, particularly in the field of mental illness.

DR. BACHMEYER: We are probably traveling at too fast a pace, are we not?

MR. WIRTH: Probably we are. Half of our patients in hospitals are mental cases.

DR. BACHMEYER: We have about 1,000,000 patients in hospitals every day of the year; and 600,000 of them are in the mental and nervous diseases hospitals.

DR. ROWNTREE: We are aiming to cut those figures in two instead of presenting an increase.

MR. WIRTH: The pictures of the depression I have seen seem to represent a stark drama in American life. There are many people who come home from work, exhausted, without enough to eat, without the right kind of diet, and children are undernourished—all of this in a country which presumably has the most adequate resources in the world.

DR. ROWNTREE: And the best doctors and dentists, supposedly.

MR. WIRTH: How can we get aid to the people so they can really take advantage of the skill our doctors have?

DR. ROWNTREE: They all must participate.

MR. WIRTH: Well, we all must participate, but is the medical profession willing to go more than half way?

DR. ROWNTREE: The medical profession will do its utmost at all times for the sick.

DR. BACHMEYER: We have more hospitals and more use of our hospitals in the country today than ever before. But again, this is taking care of people who are sick, and the problem we are facing today is how to make the well people more healthy.

DR. ROWNTREE: It is preventive medicine at which we ought to aim.

MR. WIRTH: But it is my understanding, from my studies of the slums of the cities, that if it hadn't been for the surplus commodities, for the relief we have given (which has still been inadequate), and for some of the free public medical service, we would be a lot worse off than we are today.

DR. ROWNTREE: There is no question about that.

DR. BACHMEYER: All that medical service, or most of it at least, was curative medicine. There was not much preventive medicine. The depression aids were given to people who were sick. We

have seen innumerable cases where illness could have been avoided if a little bit more money had been spent on prevention rather than on cure.

DR. ROWNTREE: Yes, an ounce of prevention is still worth a pound of cure.

MR. WIRTH: But are you two people willing to go to bat to see that it is done and that the resources are made available to the people?

DR. ROWNTREE: We are for it 100 per cent.

DR. BACHMEYER: I think the medical profession has always shown itself to be ready for this work.

MR. WIRTH: It has been my impression that when most of the public medical-care enterprises have been started the medical profession has bucked them all the way along.

DR. ROWNTREE: I don't think that is fair or true. The medical profession is organized to take care of the sick. They can cover a certain phase of that to a very great advantage. I think they have done their utmost. We have not had too many doctors for the work.

DR. BACHMEYER: Of course you know that throughout the centuries physicians have given of their services very freely, and they stand ready today to give their services to the indigent.

MR. WIRTH: I grant that.

DR. BACHMEYER: Those who are able to afford to pay for medical service ought to pay for that service.

MR. WIRTH: Precisely. But what about the millions who can't afford to pay? What about the one-third of the nation with inadequate means for this service?[4]

DR. ROWNTREE: We need coordinated services which will unite the medical profession and all of the social agencies.

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[4] *For evidence on the relationship between economic status and ill-health, see the illustration on page 19.*

DR. BACHMEYER: There are greater efforts being made on the part of the medical profession and all the government agencies to extend the service to those who cannot pay for it today.

MR. WIRTH: There are many who cannot pay. Now, Rowntree, in your experience with the Selective Service examinations, have you found there are enormous differences in health in different parts of the country—or is it too early to tell?

DR. ROWNTREE: There are differences, but it is too early to go into them in detail. The New England states are very bad from the standpoint of teeth. Nutrition is bad. Gonorrhea and syphilis are very common in the South.

DR. BACHMEYER: The western part of the country is showing up pretty well, is it not?

DR. ROWNTREE: To very good advantage, particularly in the prairies and the Pacific Coast. Then there is the goiter belt.

MR. WIRTH: How about the Dust Bowl?

DR. ROWNTREE: The Dust Bowl has a very poor showing.

MR. WIRTH: In other words, that is part of the price we are paying for national neglect?

DR. ROWNTREE: There is no question about that.

MR. WIRTH: I don't want to put the burden on you, Rowntree—I know you are examining these people only to see that we get a Class A-1 army—but you are incidentally interested in the nation's health, are you not?

DR. ROWNTREE: Absolutely. I believe that perhaps improvement in national health will be the greatest contribution to come out of this whole effort.

DR. BACHMEYER: You have about 200,000 people volunteering their services under the Selective Service system, haven't you?

DR. ROWNTREE: We have machinery set up involving about 200,000 people—18,000 doctors; 7,000 to 10,000 dentists; about 6,000 local boards; 600 advisory boards; and 300 appeal boards. All

of these people are brought together through our sieve, which is a coarse sieve. Then they go through seventy-two boards of the army, called induction boards.

DR. BACHMEYER: That is when they get into the army proper?

DR. ROWNTREE: Having passed that board, they are in the army.

DR. BACHMEYER: I understand that many of the men coming up for Selective Service examination have never before had a physical examination.

DR. ROWNTREE: It is astounding. A great many are seeing a doctor for the first time and receive their first physical examination.

DR. BACHMEYER: You asked, Wirth, why we aren't doing something. The medical profession has been preaching periodic medical examination for years, and it hasn't registered.

MR. WIRTH: Yes, it has been preaching it, but has it been giving them the story?

DR. BACHMEYER: It has been standing ready to do it.

DR. ROWNTREE: The people themselves must participate.

MR. WIRTH: You haven't done a proper educational job, then.

DR. BACHMEYER: Why haven't we? We have tried every means of public education and still they don't come to us as long as they can do their work.

MR. WIRTH: Well, the result is in the doing—the eating is the proof of the pudding—and they haven't done it.

DR. BACHMEYER: How are we going to get it across to them?

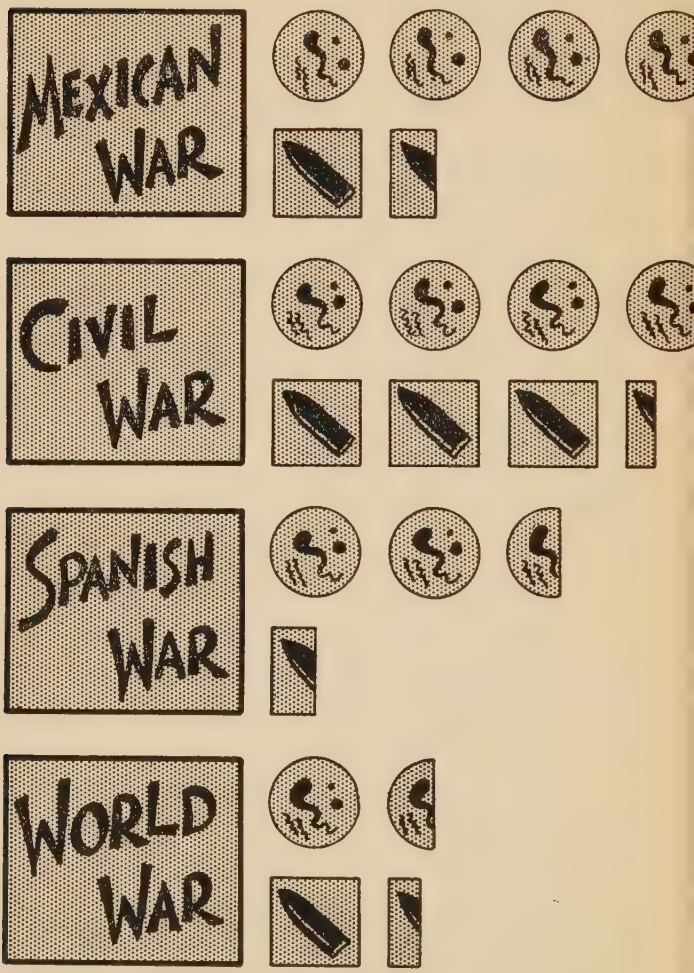
MR. WIRTH: We have the evidence Rowntree is presenting to us from the examinations of these men drafted for the army.

DR. ROWNTREE: We face a tremendous problem in public health. The difficulty is to know how to proceed.

MR. WIRTH: All right. What can we do?

AMERICAN SOLDIERS HAV

Disease Has Been More D



SOURCE: L. P.

EACH COMPLETE SYMBOL EQUALS 10 SO

WHAT ARE WE DO

WITH THEIR BOOTS OFF

ttle for American Armies

TH GERMANY"

DIED PER 1,000 IN THE ARMED FORCES

OUT IT? (See page 18)

DR. ROWNTREE: I have a plan which I am suggesting and will at least start. In this plan we are going to try to have people understand what the standards are, what is required of them, and put *themselves* into a position where they are acceptable for examination and service. This we are going to call *pre*-habilitation—"*pre*" not "*re*," because we want it to be the opening wedge in a great public health program.

DR. BACHMEYER: You want young men to have physical examination by their own doctors before they come to the Selective Service Board and to correct the defects that may be found?

DR. ROWNTREE: That is right. Their doctors and dentists can take care of most of them. If they can't pay for it they are advised to go to the public health agency which can best fit their needs.

DR. BACHMEYER: I know the hospitals and clinics of this country will cooperate in that program, and I am sure the medical profession will help.

MR. WIRTH: When the men are examined you classify them in two categories. On the one hand, there are those who are rejected because they are unfit?

DR. ROWNTREE: Yes, they go in Class IV-F. They are through.

MR. WIRTH: *You* are through with them, but the doctors should not be through with them and the nation should not be through with them.

DR. ROWNTREE: The nation should give them whatever attention is required.

MR. WIRTH: Others are accepted for limited service or deferred because they have certain curable defects.

DR. ROWNTREE: Yes; that is the I-B group.

MR. WIRTH: What do you do with them? Do any of them want to be cured?

DR. ROWNTREE: Yes. It is astounding. Many of them are very eager to get into the army and resent the fact that they are not accepted.

DR. BACHMEYER: Then the morale of the group is very good, isn't it?

DR. ROWNTREE: Taken all in all, yes.

MR. WIRTH: Do you have any who really want to prepare themselves to be fit?

DR. ROWNTREE: Yes. We have men who come in repeatedly and are rejected, and they cry like babies because they are not accepted.

DR. BACHMEYER: That shows that American youth is really on the job.

MR. WIRTH: I have heard another story, about three fellows who went to their local draft board. One said, "I'm completely unfit for service because my arches are so broken they drag on the ground." They examined him and said, "Well, boy, we can fix you up with a pair of arch supports." The second fellow said he couldn't see in front of his nose, and they gave him glasses.

The third fellow said, "I am fit and I want to serve my country. There isn't a thing wrong with me." And the officer then said, "You are just the kind of fellow we are looking for—come right along." And the third fellow replied, "You don't mean to tell me you take people who are a little bit crazy, do you?"

DR. ROWNTREE: Well, we don't want them crazy. That is the last type of individual the army wants. They must be mentally balanced to serve well in the army.

DR. BACHMEYER: I understand these young fellows must have comparatively good hearing; must be able to see well; must have a heart that will stand the rigors of military service; and must be intelligent enough to understand and execute military maneuvers, obey commands, and protect themselves. They ought to be able to walk as the exigencies of the service demand. This does not seem

to be so difficult; but the physicians who are examining them for the local boards are accustomed to treating sick people. They are not accustomed to examining people for special jobs. I think the difficulty lies there.

MR. WIRTH: Yes, that may be the difficulty. But suppose you do accept the men. Suppose you get the fit ones into the camps—what do you do to preserve their health?

DR. ROWNTREE: The first thing is to bring them in fit. The army will take care of keeping them fit. There is no better medical service anywhere in this country than in the army. They have five doctors in the army compared with one on the outside. In other words, there is an abundance of medical service of the best order to be found in the army, and I think the parents of men in training should feel that their sons will have the best medical attention that America can give, once their men are in the army.

DR. BACHMEYER: Out of this, then, we ought to get a fine group of young fellows who have had not only military training but also education concerning their health.

MR. WIRTH: Wait a minute! You have been talking about the men in *khaki*. What about the men in *overalls?* What about the civilians? Are you concerned about them, too?

DR. BACHMEYER: Indeed we are. A great deal is being done with the workers in industries and in the general labor force. We are providing better working conditions; better ventilation; reducing health hazards; increasing medical and nursing service for those individuals. Plans are being made by the hospitals all over this country for civilian defense in case of industrial catastrophes and sabotage. We are on the job, but much must still be done.

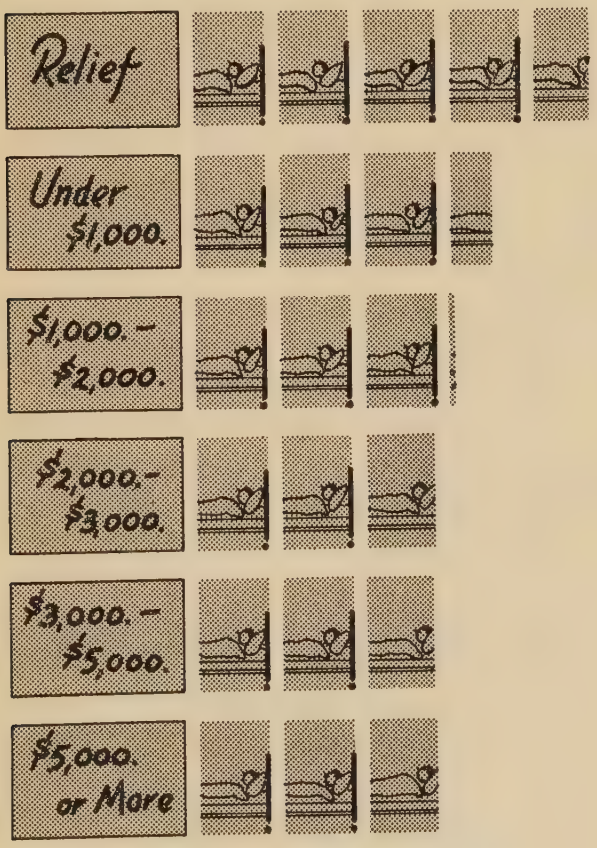
DR. ROWNTREE: Much must be done in all fields by all.

MR. WIRTH: Who is going to do it? First, let me ask about the doctors. Isn't there a shortage of doctors to do all of these things?

DR. ROWNTREE: Through years of striving we have just got-

WEALTH MAKES HEALTH

Number of Individuals per 1,000 Studied Reporting Annual Illnesses of 7 Days' Duration or More



EACH COMPLETE SYMBOL EQUALS 50 INDIVIDUALS

ten to the point where we have the necessary supply. We must have a continuous flow of doctors to meet the need.

DR. BACHMEYER: The deferment of medical students under the Selective Service Act will help to continue that supply, won't it?

DR. ROWNTREE: Yes. We are going to need at least 9,000 doctors a year, and we are only getting 5,000 from the medical schools. We must conserve every good student in the medical schools.[5]

DR. BACHMEYER: It is also important—is it not?—to continue medical education and to maintain the force of physicians in the civilian population.

DR. ROWNTREE: The flow must be continuous, and the quality must be as high as now.

DR. BACHMEYER: Then the medical schools can't shorten their programs, particularly. They must give sound training to these men.

MR. WIRTH: If we are going to be in a war, as we are likely to be, that means our civilian need will also be greater.

DR. ROWNTREE: That is where Selective Service comes in. Selective Service means intelligent selection. We must decide between the needs of the army and the civilian population and do our best to see that both are served. Deferment means that we will have better service for the civilians and better service for the army.

MR. WIRTH: We can't leave that to a laissez faire, go-along-

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[5] *It is estimated that there are 155,000 practicing physicians in the United States. The national defense program is expected to require the services of 9,000 additional physicians: 7,900 in the army; 900 in the navy; 100 in the Public Health Service; and 100 in the Veterans' Administration. With 5,000 students graduating annually from medical schools, and an estimated 3,800 physicians dying or retiring each year, the profession gains only 1,200 members annually. The number of physicians aged 65 or over is roughly 27,000.*

easy policy, can we? We must organize something so that these services will be coordinated.

DR. ROWNTREE: That has been done through the medical colleges and Selective Service. A plan has been devised and put into effect, and today we will have the necessary deferment of these students.

MR. WIRTH: Yes, but it is not merely these students I am worrying about. I am worrying about getting medical service to the population—medical service and dental service, and all the other special services.

DR. ROWNTREE: The dental situation is worse than the medical in many ways. We have had higher standards recently introduced in dentistry, and it has resulted in a smaller output of graduates. We used to graduate 2,500 dentists a year, and now we are graduating about 1,600. We must conserve and we must defer as far as dentists are concerned.[6]

DR. BACHMEYER: You talk, Wirth, about people coming in for medical care. What about their teeth? They neglect their teeth terribly.

MR. WIRTH: You say the medical and dental professions can render these services. You must either reduce them in cost or we will have to have some public utility to provide them.

DR. BACHMEYER: We are making efforts to reduce costs in a number of states. There are medical care plans in Michigan and California which spread the cost.

MR. WIRTH: By voluntary cooperation?

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[6] *There are approximately 70,000 dentists practicing in the United States. The national defense program calls for the addition of 1,000 dentists to the army staff, and 100 to the navy. Loss to the profession through retirement or death each year (2,400) exceeds the annual number of dental-school graduates by 800.*

DR. BACHMEYER: Yes, it is voluntary cooperation on their part.

MR. WIRTH: Now, how about Social Security? We have had that medical clause in Social Security pending in Congress for a long time. Why doesn't it come out?

DR. BACHMEYER: Now you are getting on to a rather controversial subject. The medical profession may be charged with being conservative . . . .

MR. WIRTH: I'll say it's conservative!

DR. BACHMEYER: . . . . but it has stood on principles and practices throughout the centuries that have rendered a very great service, and they stand ready to cooperate with everybody.

MR. WIRTH: But they must wake up and realize that we are living in the twentieth century and that public medical service may be just as important as public education.

DR. ROWNTREE: I think that medicine sees its duty, and I think it will perform the proper function. These are very complicated and rather delicate questions, and there must be an evolution. But medicine will play its role and do its utmost—of that you can be certain.

MR. WIRTH: All right. Now one of the primary features of your service, Rowntree, is to get the information you have accumulated to the American people, isn't it?

DR. ROWNTREE: I think that that probably is the crucial thing. This whole problem of better public health is difficult. It is like a candied apple, hanging on a string. There are a great many people who are interested in trying to attack that apple, but it is impossible for them to get hold of it because so many are interested and it is so elusive.

MR. WIRTH: You mean everybody wants to do it and nobody does it?

DR. ROWNTREE: Yes. There are many agencies and they can't do it because they interfere with others.

DR. BACHMEYER: You don't mean that everybody wants a bite of the candied apple?

DR. ROWNTREE: That is the point. Here is where we come in, I believe. We can establish the facts of health discovered by Selective Service. We can define the needs of the country, and through a statistical survey we can indicate just what is necessary for a comprehensive approach to the problem.

The first thing, then, is pre-habilitation. From that we come to those who have been rejected and need to be re-habilitated. In this we want to employ the services of the doctors and dentists as a whole.

But now we come to the great problem of the coordination for great public health. We must extend this service. We must have a distribution of these problems to the various fields of effort. We must bring into it the American Medical Association, the American Dental Association, the United States Public Health Service, this new committee of Mr. McNutt, the Red Cross, the National Youth Administration—in other words, we must get together for better public health, and each and every organization must do its part.

DR. BACHMEYER: Don't forget that the hospitals and the clinics stand ready to do their part.

DR. ROWNTREE: I put the hospitals in with medicine as probably the greatest tool that medicine has to offer.

MR. WIRTH: We are agreed, then, gentlemen, that the Selective Service results have shown that the health needs of America are not adequately met today. Is that right?

DR. ROWNTREE: I agree—absolutely.

DR. BACHMEYER: Yes.

MR. WIRTH: We are also agreed that poor health in a nation like ours is a disgrace.

DR. ROWNTREE: It is inexcusable.

DR. BACHMEYER: Yes.

MR. WIRTH: And we must convince the American people that here is a goal worth striving for—one just as important as public education.

DR. ROWNTREE: If we decide to help ourselves and all get together, we can raise ourselves to a much higher plane of public health.

MR. WIRTH: All right. Now, then, our problem is to translate these facts into public action. We have the resources, and if we have the will we can accomplish something. And when these people come back from the camps, or from a war if there should be one, we want to see to it that their health does not break down and that the necessary repairs are made.

In other words, I feel, and I think you feel, we have in this crisis an opportunity to come out of it a better and a healthier nation than when we entered it.

DR. ROWNTREE: In that I concur.

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SUGGESTED READINGS

COUNCELL, CLARA E., "War and Infectious Disease," *Public Health Reports*, March 21, 1941. *A comprehensive review of the effects of war upon health, covering wars before 1914, the World War, and the present European war.*

DANIELS, JONATHAN, "He Who Gets Slapped," *Nation*, May 3, 1941. *An examination of the plight of the potential selectee passed by his local board but rejected by the army, with a plea for better co-ordination of the examining function of selective service.*

DEUTSCH, ALBERT, "Health Needs in America Are Not Met Adequately," *PM*, May 6, 1941. *A review of the medical care now provided the American people and a critical survey of the place of the medical profession in the supplying of this care.*

"Fitness for National Defense," *Science News Letter*, October 12, 1940. *An examination of the qualifications of America's soldiers-to-be.*

GOSLIN, R. C., and GOSLIN, O. P., "Health: A First Line of Defense," *Scholastic*, September 30, 1940. *A general survey of the place of health in America's plans for defense.*

KAEMPFFERT, WALDEMAR, "The Health Record in 1940," *Science Digest*, May, 1941. *The pattern of European health in the war year of 1940, with some speculation on the future health of the European peoples if the war continues.*

"National Defense and Public Health," *American Journal of Public Health*, March, 1941. *A statement of the problems of public health in the present defense situation and the importance of public health to defense.*

OBJECTIVE QUESTIONS FOR EXAMINATION

The answers to the following questions may be found in the text of the broadcast, and page references are provided to assist in locating the answers.

*

1. What percentage of selectees is being rejected for health defects by local and induction board examiners? Page 2.
2. What physical defects are leading causes of rejection? Page 3.
3. Of the 600,000 to 700,000 men already examined by Selective Service, about how many have been accepted? Page 4.
4. How many patients do American hospitals handle daily? How many of these patients are suffering from mental and nervous diseases? Page 9.
5. How does the proportionate number of doctors available to army men compare with the number available to civilians? Page 18.
6. How many new doctors are needed each year, according to Dr. Rowntree? How many doctors are graduated each year by medical schools? Page 20.
7. How has the annual number of students graduating in dentistry been affected by higher standards in the profession? Page 21.
8. What national organizations are expected to lead in the coordination of a program for improving the general health of the nation? Page 23.

QUESTIONS FOR ANALYSIS AND DISCUSSION

The following questions of wider scope, intended for discussion, are suggested by the broadcast, and answers may be found in the literature on the subject listed in the section "Suggested Readings," found on page 25.

*

1. Do you believe, on the basis of the evidence presented in the discussion, that army health standards are too high? Discuss the possible effects of a lowering of this standard to reduce the number of men rejected.
2. What do you consider to be the leading cause of the widespread poor health in America? Are medical services inadequate? Are American's naturally careless about their physical well-being? Are too many people too poor to afford adequate medical attention? Has the medical profession failed to educate the people in healthful ways of living? Suggest other possibilities.
3. Discuss the probable effects of the depression upon the general health of the nation.
4. To what would you attribute the fact that induction board examiners reject about 13 per cent of the men passed by the local board doctors?
5. Do you agree that the facts about the nation's health which are being brought to light by the Selective Service examinations will have a beneficial effect upon the future health of Americans? Discuss.
6. Discuss Dr. Rowntree's plan for a coordinated program for improving health in the United States. How is such a plan likely to affect the percentage of rejected selectees? How is it likely to affect your health and the health of your family?
7. Discuss the need for lower-priced medical services, and plans for making such service available to a larger proportion of the population.

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105. *Must the World Unite?*
106. *Can We Protect America?*
108. *The Archbishops Look at America*
111. *Where's That War Boom?*
113. *Blitzkrieg, May, 1940*
114. *America and the Peacemongers*
115. *Babies Cost Money*
117. *Have We Time to Think?*
118. *Italy Marches.* (June 16, 1940)
119. *America's Capacity to Arm*
120. *Economic Union for the Americas*
121. *Civil Liberties and the Fifth Column*
122. *M-Day and America*
124. *Should America Conscript Men Now?*
125. *The New France*
126. *What Really Happened at Havana?*
128. *Blitzkrieg on Britain*
129. *Should America Aid Britain?*
130. *Should America Feed Europe?*
131. *Can Germany Conquer Latin America?*
132. *Conscript Wealth, Too?*

Nos.

134. *Will Hitler Attack America Next?*
137. *Warmongers and Appeasers*
138. *Polls and the Election*
140. *World Revolution*
141. *Art and Our Warring World*
142. *The Soviet Union and America*
143. *Is Hitler Revolutionizing Britain?*
144. *Where Are Those 50,000 Planes?*
146. *1951: The Next Decade in Education*

1941

147. *More Aid to Britain Now?*
148. *Is This Our War?*
149. *Morale: First Line of Defense?*
150. *Can Capitalism Defend America?*
152. *Can the Americas Be Invaded?*
153. *Guns or Butter?*
154. *Dilemma in the Far East*
155. *How to Fight Nazi Propaganda*
156. *The Decline and Fall of the Roman Empire*
157. *Strikes and National Defense*
158. *Defense Economics*
159. *Should America Convoy to Britain?*
160. *Balkan Blitzkrieg*
161. *War Aims and Peace Aims*
162. *Which Road for America?*
163. *Lessons from Europe's War*
164. *The Effect of the Blitzkrieg on the Economic Order.* May 4

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Boston, Mass.	WNAC	1260	Portland, Me.	WCSH	970
Buffalo, N.Y.	WBEN	930	Providence, R.I.	WJAR	920
New York, N.Y.	WEAF	660	Rochester, N.Y.	WHAM	1180
Philadelphia, Pa.	KYW	1060	Schenectady, N.Y.	WGY	810
Pittsburgh, Pa.	WCAE	1250	Wilmington, Del.	WDEL	1150

1:30 P.M. EASTERN STANDARD TIME

Allentown, Pa.	WSAN	1470	Johnstown, Pa.	WJAC	1400
Altoona, Pa.	WFBG	1340	Lakeland, Fla.	WLAK	1340
Asheville, N.C.	WISE	1400	Lima, Ohio	WLOK	1240
Atlanta, Ga.	WSB	750	Miami, Fla.	WIOD	610
Baltimore, Md.	WFBR	1300	Nashville, Tenn.	WSM	650
Charleston, S.C.	WTMA	1250	Norfolk, Va.	WTAR	790
Charlotte, N.C.	WSOC	1240	Raleigh, N.C.	WPTF	680
Cleveland, Ohio	WTAM	1100	Richmond, Va.	WMBG	1380
Columbia, S.C.	WIS	560	Savannah, Ga.	WSAV	1340
Columbus, Ohio	WCOL	1230	Springfield, Ohio	WIZE	1340
Dayton, Ohio	WING	1410	Tampa, Fla.	WFLA	970
Detroit, Mich.	WWJ	950	Toledo, Ohio	WSPD	1370
Florence, S.C.	WOLS	1230	Washington, D.C.	WRC	980
Grand Rapids, Mich.	WOOD	1300	Winston-Salem, N.C.	WSJS	600
Greenville, S.C.	WFBC	1330	Zanesville, Ohio	WHIZ	1240
Jacksonville, Fla.	WJAX	930			

1:30 P.M. CENTRAL DAYLIGHT SAVING TIME

Chicago, Ill.	WMAQ	670	Memphis, Tenn.	WMC	790
Fort Wayne, Ind.	WGL	1450			

12:30 P.M. CENTRAL STANDARD TIME

Amarillo, Texas	KGNC	1440	Milwaukee, Wis.	WTMJ	620
Birmingham, Ala.	WBRC	960	Minneapolis and St. Paul, Minn.	KSTP	1500
Bismarck, N.D.	KFYR	550	New Orleans, La.	WSMB	1350
Bristol, Tenn.	WOPI	1490	Oklahoma City, Okla.	WKY	930
Duluth, Minn., and Superior, Wis.	WEBC	1320	Omaha, Neb.	WOW	590
El Paso, Texas	KTSM	1380	Pittsburg, Kans.	KOAM	810
Evansville, Ind.	WGBF	1280	Rochester, Minn.	KROC	1340
Fargo, N.D.	WDAY	970	St. Cloud, Minn.	KFAM	1450
Jackson, Miss.	WJDX	1300	St. Louis, Mo.	KSD	550
Kansas City, Mo.	WDAF	610	Shreveport, La.	KTBS	1480
Kingsport, Tenn.	WKPT	1400	Sioux Falls, S.D.	KSOO	1140
Laurel, Miss.	WAML	1340	Springfield, Mo.	KGBX	1260
Little Rock, Ark.	KARK	920	Terre Haute, Ind.	WBOW	1230
Louisville, Ky.	WAVE	970	Tulsa, Okla.	KVOO	1170
Mankato, Minn.	KYSM	1230	Wichita, Kans.	KANS	1240

11:30 A.M. MOUNTAIN STANDARD TIME

Albuquerque, N.M.	KOB	1030	Phoenix, Ariz.	KTAR	620
Billings, Mont.	KGHL	790	Pocatello, Ida.	KSEI	930
Boise, Ida.	KIDO	1380	Safford, Ariz.	KGLV	1450
Bozeman, Mont.	KRBM	1450	Salt Lake City, Utah	KDYL	1320
Butte, Mont.	KGIR	1370	Tucson, Ariz.	KVOA	1290
Denver, Colo.	KOA	850	Twin Falls, Ida.	KTFI	1270
Helena, Mont.	KPFA	1240	Yuma, Arizona	KYUM	1240

10:30 A.M. PACIFIC STANDARD TIME

Fresno, Cal.	KMJ	580	San Francisco, Cal.	KPO	680
Los Angeles, Cal.	KFI	640	Seattle, Wash.	KOMO	950
Medford, Ore.	KMED	1440	Spokane, Wash.	KHQ	590
Portland, Ore.	KGW	620			

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SUGGESTED READINGS

"F. D. R.: President of the World," *New Republic,* March 31, 1941.

JANEWAY, ELIOT, "Roosevelt versus Hitler," *Life,* May 5, 1941.

PALMER, PAUL, "The New Deal World Tour," *Scribner's Commentator,* May, 1941.

ROOSEVELT, FRANKLIN D., "The Threat to Our Nation," *Vital Speeches,* April 15, 1941.

VILLARD, OSWALD GARRISON, "President of the World?" *Christian Century,* April 9, 1941.

[PRINTED IN U.S.A.]